

Registration District No. 73

Primary Registration District No. 5112

Registrar's No. 310

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME: SMITH SLATER

3. (b) If veteran, name war _____

B. (c) Social Security No. _____

4. Sex: Male

5. Color or race: negro

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Bornelia Slater

6. (c) Age of husband or wife if alive: 25 years

7. Birth date of deceased: 3-22-1911
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>7</u>	<u>24</u>	hr. _____ min.

9. Birthplace: Boone County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Janitor

11. Industry or business: University of Mo.

12. Name: Joseph Slater

13. Birthplace: Boone Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Bessie Belle Hogan

15. Birthplace: Boone Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Joseph Slater

(b) Address: Columbia Mo.

17. (a) Burial (b) Date thereof: 11-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Log Providence Mo.

18. (a) Signature of funeral director: Stuart P. Parker

(b) Address: Columbia Missouri

19. (a) 11/21/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1941 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Automobile Collision

Head on collision

Due to _____

Other conditions: 1700'
(Include pregnancy within 3 months of death)

Major findings: 2'
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 11-16-41

(c) Where did injury occur? Highway
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway

While at work? _____ (e) Means of injury: Coroner

23. Signature: Merin Mason (M., D., or other)
Address: Columbia Mo. Date signed: 11/21/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

NOV. 29 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Stuart P. Parker

Licensed Embalmer No. *2902*

P. O. Address *Columbia Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.